### FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

	/
OMB APPR	IOVAL
OMB Number:	3235-0076
Expires:	
Estimated average	re burden

1402989

hours per response... ..16.00

Serial

SEC USE ONLY

DATE RECEIVED

Prefix

01001500	UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering ( check if this Gulfstream Technologies, Inc. 1,	is an amendment and name has changed, and indicate change.) 132 Shares of Common Stock	SEC RECEIVED
	7): Rule 504  Rule 505  Rule 506  Section 4(6)	□ nros 10W 0 8 5002
	A, BASIC IDENTIFICATION DATA	
1. Enter the information requested a	bout the issuer	186 ECTION
Name of Issuer (  check if this is a Gulfstream Technologies, Inc.	in amendment and name has changed, and indicate change.)	
Address of Executive Offices 301 E. Main Street, Olney, Texas	(Number and Street, City, State, Zip Code) 76374	Telephone Number (Including Area Code) (940) 564-5682
Address of Principal Business Operation (if different from Executive Offices) 301 E. Main Street, Olney, Texas		Telephone Number (Including Area Code) (940) 584-5682
Brief Description of Business Subsurface technology company		
Type of Business Organization Corporation business trust	limited partnership, to be formed	lease specify): PROCESS <sup>E</sup> JUN 1 9 2007
Actual or Estimated Date of Incorporat Jurisdiction of Incorporation or Organi	Month Year ion or Organization: [6] 4 [0] 4 Actual Estin zation: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated & THOMSON

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Coptes Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to the notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to the the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the tiling of a federal notice.

			A. BASIC IDE	ENTI	FICATION DATA				
2. Enter the information re	equested for the fo	llowin	g:		·- <u>-</u>				
• Each promoter of	the issuer, if the is	suer h	as been organized w	ithin	the past five years;				
<ul> <li>Each beneficial ow</li> </ul>	ner having the pov	ver to v	ote or dispose, or dis	rect th	e vote or disposition	of, 10	% or more o	facla:	ss of equity securities of the issue
• Each executive off	ficer and director o	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	fpartn	ership issuers; and
<ul> <li>Each general and r</li> </ul>	managing partner (	of part	nership issuers.						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer	<b>/</b>	Director		General and/or Managing Partner
Full Name (Last name first, i Ballard, W. Brent	if individual)					<u>-</u>			
Business or Residence Addre 301 E. Main Street, Olne		Stree	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Z	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)						•		
Davis, Stephanie J.									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	de)					
37643 Hidden Park Terra	ce, Dade City, F	L 33	525						<u></u>
Check Box(es) that Apply:	Promoter	Z	Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Janca, Phillip P.	if individual)					•			
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	de)					
301 E. Main Street, Olney	y, TX 76374								
Check Box(es) that Apply:	Promoter	V	Beneficial Owner		Executive Officer	<b>Z</b>	Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)			-	- · · · · · · · · · · · · · · ·		<u>.</u>		
Boyette, Roger									
Business or Residence Addre 3649 S. Beglis Parkway,			t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Į	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Dubois, Carl A.	if individual)								
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	de)					==
707 E. School Street, La	ke Charles, LA	7060	7						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Wylie, Julia Janell	if individual)		·						
Business or Residence Addre 210 Cheek Sparger Dr.,	•			ode)				,	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

					B!	NFORMAJ	ION ABOU	it offer	NGE &			排法	<b>经验</b>
	72 .1						1*. 1		.1			Yes	No
1.	Has the	: issuer sol	d, or does t							-		. <b>X</b>	
	XX75 !:	- 4 <b>1</b> 1 1				n Appendix	-	-				- 40	,000.00
2.	What is	s (de niinin	num investr	neni inai v	VIII DE BCC	epiea irom	any indivi	JUBI ( , ,	,,	********	***************	Yes	No
3.	Does th	ne offering	permit join	ıt ownersh	ip of a sing	gle unit?		************		*************************	*************		K
4.			tion reques										
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc												
			ame of the l , you may s							ociated per	sons of sucl	h	
Ful			first, if ind		- Informat	100 101 1110	- CIOKOI OI	dealer oni	· · · · · · · · · · · · · · · · · · ·				
- 4-			21104, 22 1110										
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)	-					
Nar	ne of As	sociated B	roker or De	aler	· · · · · · · · · · · · · · · · · · ·		•						
Stat	tes in Wi	nich Person	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	ŀ		<u>_</u>	<del> </del>		
	(Check	"All State	s" or check	individua	l States)		**************************************	••••••	*************	·····		. <b>  A</b> 1	Il States
	AL	AK	AZ	[AR]	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	ИJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	[VT]	VA	WA	<u>W</u> V	WI	WY)	PR
Fuli	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)						<u> </u>
Nan	ne of As	sociated B	roker or De	aler	· · · · · · · · · · · · · · · · · · ·		······································	··· ··	· · · · · · · · · · · · · · · · · · ·	·		<del> </del>	
Stat	es in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del>-</del>		·····	<del></del>		<del> </del>
		-	s" or check										1 States
	AL TL	AK IN	AZ IA	(KS)	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI M\$	ID MQ
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY)	PR
Full	Name (i	Last name	first, if ind	ividual)						· · · · ·	<del>_</del>		
					·								
Bus	iness or	Residence	Address (1	Number an	d Street, C	city, State, 2	Zip Code)						
Narr	ne of Ass	ociated Bi	oker or De	aler		<del></del>							
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<del></del>				<del></del>	
	(Check	"All States	" or check	individual	States)		**************	••••••••	***************************************	************		☐ A1	l States
	AL	AK	AZ	AR	CA	[CO]	CT	DE)	(DC)	FL	(GA)	HI	[ID]
	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT DT	NE SC	[ <u>NV</u> ]	NH TN	NJ TX	NM)	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	30	SD	114	1	UT	AT	(74)	( ** / <u>*</u>	17V Y	للتبيا	UVI	(17)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C.OFFERING PRICE: NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	e	Amount Already Sold
	Debt			\$
	Equity	\$_350,000.00		\$ 80,000.00
	Common Preferred			
	Convertible Securities (including warrants)	<u> </u>		\$
	Partnership Interests	\$		\$
	Other (Specify)	<u>\$</u>		\$
	Total	350,000.00	<u> </u>	\$ 80,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors	1		\$_80,000.00
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A	<u> </u>	_	\$
	Rule 504		_	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	•••••		\$ 500.00
	Legal Fees			\$
	Accounting Fees			\$ 2,000.00
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) Transportation, meals, lodging		<b>□</b>	\$ 2,500.00
	Total			\$ 5,000.00

	C: OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF I	ROCKEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$345,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 72,000.00	\$ 28,810.00
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment		<b>Z</b> \$ 41,146.50
	Construction or leasing of plant buildings and facilities	] <b>\$</b>	<b></b>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b>¬\$</b>	□\$
	Repayment of indebtedness	_	
	Working capital		
	Other (specify): Engineering fees for development of prototype	\$ 81,265.50	
			<b>\$</b>
	Column Totals	Z \$ 153,265.50	S 191,734.50
	Total Payments Listed (column totals added)	Ø \$ <u>34</u>	5,000.00
2	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writter	e 505, the following request of its staff,
	$\mathcal{L}$	Date	0007
	Ilfstream Technologies, Inc.	<u>5-30-</u>	2001
	me of Signer (Print or Type)  Title of Signer (Print or Type)		
vv. I 	Brent Ballard President		

ATTENTION ~

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E STATE SIGNATURE TO THE STATE OF THE STATE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No E
See Appendix, Column 5, for state response.	التبا	(E)

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Guifstream Technologies, Inc.	W. Brow Balland	5-30-2007
Name (Print or Type)	Title (Print or Type)	
W. Brent Ballard	President	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI S	PENDIX				W-5.	
1	Intend to non-a investor	d to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA				****			:			
со			<u> </u>							
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### APPENDIX 2 3 4 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of waiver granted) (Part E-Item 1) amount purchased in State investors in State offered in state (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors Investors Yes State No Amount Amount Yes No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX 1 UT VT ٧A WA WV WI

			<b>1</b>	: APP	ENDIX				
1	1 2 3 Type of security				5 Disqualification under State ULOE				
	Intend to sell to non-accredited investors in State (Part B-Item 1) Intend to sell and aggregate offering price offered in state (Part C-Item 1)				(if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

